

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2052</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Tina</u> <u>H</u> <u>Radenberg</u> P.O. Box, Bldg., Room No., if any _____ Street <u>535 Heendon Parkway</u> City <u>Heendon</u> State <u>VA</u> ZIP Code + 4 <u>20170</u>	4. Name, file number, and address of labor organization. Name <u>Air Line Pilots Association, Int'l</u> Labor Organization File Number <u>000-179</u> P.O. Box, Building and Room Number, if any _____ Street <u>535 Heendon Parkway</u> City <u>Heendon</u> State <u>VA</u> ZIP Code + 4 <u>20170</u>
5. Position in labor organization. <u>Training + Administrative Coordinator</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. Add New Part A	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>3/25/05</u> <u>703-689-4228</u> Date Telephone Number

<p>Name of Person Filing Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/></p>	<p style="text-align: right;">File Number U- <u>2052</u></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 150px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 150px;" type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">Add New Part C</div>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Air Line Pilots Association, Int'l</u></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <u>535 Heendon Parkway</u></p> <p>City <u>Heendon</u></p> <p>State <u>VA</u> ZIP Code + 4 <u>2070</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p style="font-size: 1.2em;">Complimentary hotel Room for the Air Safety Forum at the Hyatt Regency Washington, DC on Capito Hill</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.2em;">\$306.00</div>